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Electronic Filing Cover Sheet

(((H18000220936 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973

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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:		

FLORIDA PROFIT/NON PROFIT CORPORATION CRIME PREVENTION TRAINING & SECURITY SERVICES CORP

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise that the owners of

of Document # P16000 1000 49

are the same owners of the attached articles of incorporation. We have dissolved the company and have no intention of reopening it.

Thank you for your help in this matter.

Thanks,

FEIN. 81-4761682

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

CRIME PREVENTION TRAINING & SECURITY SERVICES, CORP

ARTICLE II PRINCIPAL OFFICE

Principal Street Address:

2525 SW 107[™] CT

MIAMI, FL. 33165

Mailing Address if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV

The number of shares of stock is:

100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

ALBERTO GUERRA-PRESIDENT

Address:

2525 SW 107TH CT

MIAMI, FL. 33165

ARTICLE VI REGISTERED AGENT

The name and Florida Street address (P.O. Box NOT acceptable of the registered agent is

Name:

ALBERTO GUERRA

Address:

2525 SW 107TH CT

MIAMI, FL. 33165

VISION OF CORPORA

H18000220936

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

ALBERTO GUERRA

Address:

2525 SW 107TH CT

MIAMI, FL 33165

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Required Signature/Registered Agent

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator

Date